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ABSTRACT

These studies examined how knowing someone with Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) influences AIDS-related attitudes in adolescents. An initial study demographically matched 25 Cleveland junior and senior high school students who indicated knowing a person with AIDS (PWA) with 25 students who did not indicate knowing a PWA. The two groups were compared on their knowledge, beliefs, social anxiety, and vulnerability fears regarding AIDS and HIV infection. In the initial study, only social anxiety differed between the two groups, with those knowing a PWA reporting lower social anxiety than the matched group. No support was found for the hypothesis that knowing someone with AIDS or HIV infection would lead to increased vulnerability fears. An expanded study was performed to confirm initial results and examine the impact of relationship closeness and demographic similarity on adolescents who reported knowing someone with AIDS or HIV infection. Subjects included 68 high school students who knew a PWA, and 68 students who did not. Results supported findings of the initial study. Teenagers who reported knowing a PWA demonstrated less anxiety about interacting with persons with AIDS. As in the initial investigation, no support was found for the hypothesis that teenagers who know someone with AIDS will have higher levels of worry about personal vulnerability to HIV infection than those who do not know someone with AIDS. (LLL)

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Attitudes of Teenagers Who Know Someone with AIDS

In M.C. Roberts (Chair), Knowledge, Attitudes, and Behaviors of Children and Adolescents Regarding AIDS. Symposium conducted at the meeting of the American Psychological Association, Division 37, San Francisco, CA, August, 1991.

My presentation today will focus on how knowing someone with AIDS or HIV infection may influence adolescents' AIDS-related attitudes. My interest in this issue arose from discussions with high school students during which they commented that if a friend got AIDS they would become worried about their own vulnerability to HIV infection and be more likely to practice safer sexual behaviors. Students also said that they might feel more accepting of persons with AIDS if a friend or family member became infected with HIV.

One popular model for explaining health behavior is the Health Belief Model, which suggests, in part, that whether people engage in health-promoting behaviors depends on the degree to which they perceive themselves as susceptible to a particular disease. Support for this hypothesis as it applies to HIV infection has been demonstrated with teenagers in several research reports (Goodman & Cohall, 1989; Hingson, Strunin, Berlin, & Heeren, 1990; Zimet et al., 1989). If knowing a person with AIDS stimulates vulnerability fears, then, the Health Belief Model suggests that changes in high risk behaviors may follow.

With respect to the second comment made by some of the students, that knowing someone with AIDS will lead to decreased social anxiety around interacting with a person with AIDS, empirical support can be found in the literature. Studies focusing on cancer and physical disability found that personal contact led to more accepting attitudes towards individuals with cancer or physical disability (Evans, 1976; Mabe, Riley, & Treiber, 1987). Similarly, in two recent studies involving adult subjects, personal contact with a person with AIDS was significantly related to more positive, less prejudicial attitudes about PWAs (Gerbert, Sumser, & Maguire, 1991; Henry, Campbell, & Willenbring, 1990).

To examine the issues of increased vulnerability fears and increased acceptance, we initially studied 25 Cleveland junior and senior high school students who indicated knowing someone with AIDS (Zimet et al., 1991). These students were matched demographically with 25 students who did not indicate knowing a PWA. We compared the two groups on their knowledge, beliefs, social anxiety, and vulnerability fears regarding AIDS and HIV infection. In this initial study, only social anxiety differed between the two groups, with those knowing a

PWA reporting lower social anxiety than the matched group, thus lending support to the existing literature. No support, however, was found for the hypothesis that knowing someone with AIDS or HIV infection would lead to increased vulnerability fears. There were clearly a number of limitations in this initial study, including the small sample size, the lack of information on the closeness of the relationship, and the lack of demographic information on the PWA. An important issue, we reasoned, may be the degree of demographic similarity between the student and the PWA. In other words, it may be that the greater the similarity, the greater the likelihood that vulnerability fears will be stimulated.

Since completing the first study, additional students have been identified and more detailed information collected, which enabled us to further explore this topic. In particular, our plans for this expanded study were to confirm our initial results and to examine the impact of relationship closeness and demographic similarity on adolescents who reported knowing someone with AIDS or HIV infection.

Methods

Subjects

Out of a total of 748 junior and senior high school students who completed surveys between December of 1988 and May of 1991, 75 or 10% indicated knowing someone with AIDS or HIV infection. It was possible to match 68 of these students on the basis of school attended, school grade, gender, and race with 68 students who did not indicate knowing someone with AIDS or HIV infection. Each group was composed of: 26 males and 42 females; 67 African Americans and 1 Hispanic; 40 high school and 28 junior high school students; 14 seventh, 7 eighth, 13 ninth, 20 tenth, 8 eleventh, and 6 twelfth graders. Both groups averaged about 15.5 years of age and both reported mean academic achievement levels of 3.4 on a 5-point scale.

Measures

The questionnaire we used included five sections: 1) demographic information; 2) a 22-item AIDS knowledge scale; 3) a 22-item AIDS beliefs scale; 4) a 4-item scale assessing social anxiety about AIDS (willingness to interact with PWAs); and 5) a 4-item scale assessing HIV infection vulnerability fears. In addition, for an individual who indicated knowing someone with AIDS or HIV infection the following questions were asked: 1) How well do you know the person with AIDS? (5-point Likert-type scale) 2) What is this person's sex? 3) How old is this person? 4) What race/ethnic group is this person? and 5) Where does this person live?

Results

When the students who knew someone with AIDS were compared to the matching group using t-tests, no significant differences in knowledge,

beliefs, or vulnerability fears were detected. As in the initial study, social anxiety was significantly lower in the group of students who knew someone with AIDS (M = 6.6, SD = 2.0) than in the comparison group (M = 7.4, SD = 2.4): $t(132) = -2.2$, $p = .03$.

How well the PWA was known was unrelated to any measures, social anxiety included, with correlations ranging from $r = -.09$ to $r = .06$.

A demographic similarity score was calculated by assigning a value of 1 for same gender, 1 for same race/ethnicity, 1 for same age group, and 1 for same city of residence. Potentially, then, the degree of demographic match could range from 0 (no match on any dimensions) to 4 (complete match on all dimensions). For the 35 subjects on whom this information was gathered, demographic similarity scores ranged from 0 to 4 (M = 2.3, SD = 1.0). As with relationship closeness, demographic similarity was not significantly related to knowledge, beliefs, social anxiety, or vulnerability fears (correlations ranged from -.14 to .26).

Discussion

The results of the expanded study lend support for the findings we reported in our initial study. That is, teenagers who reported knowing someone with AIDS demonstrated less anxiety about interacting with persons with AIDS. This finding is consistent with research that has focused on attitudes of college students toward disabled persons (Evans, 1976), attitudes of children toward persons with cancer (Mabe et al., 1987), and attitudes of adults towards PWAs (Gerbert et al., 1991; Henry et al., 1990). Broadly speaking, AIDS education has two goals: 1) To influence individuals to adopt safer behaviors so as to prevent the spread of HIV; and 2) To reduce both unnecessary fear of casual contact and prejudicial attitudes towards persons infected with HIV. The results of the present investigation taken in conjunction with the other research efforts mentioned, suggest that AIDS education interventions involving structured experiences with PWAs may lead to a decrease in irrational fears about interacting with HIV-infected individuals, thus addressing the second goal noted above.

As in the initial investigation, no support was found for the hypothesis that teenagers who know someone with AIDS will have higher levels of worry about personal vulnerability to HIV infection than those who do not know someone with AIDS. Factors such as how well the PWA was known and the demographic similarity between the PWA and the student appeared to be unrelated to knowledge, beliefs, social anxiety, or vulnerability fears. Nonetheless, I believe this issue bears further investigation, particularly in cities with a higher incidence of HIV infection. It may be that a critical incidence level of known infected persons must be reached before the vulnerability fears of adolescents are sufficiently aroused to lead them to consider changing sexual behaviors.

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